

FORM LM-30

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E

1 File Number U <u>12410</u>	2 Fiscal Year Covered From <u>-CY 2004</u> <u>1/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>FRED</u> <u>WOLFMEYER</u> P O Box Bldg Room No If any _____ Street <u>10 SMOKE TREE DR</u> City <u>FENTON</u> State <u>MISSOURI</u> ZIP Code + 4 <u>63026</u>	4 Name file number and address of labor organization Name <u>POSTAL WKRS UNION</u> Labor Organization File Number <u>072-025</u> P O Bx _____ Street <u>APWU</u> <u>1717 So Broadway</u> <u>St Louis, MO 63104</u> City _____ State _____ ZIP Code + 4 _____
5 Position in labor organization <u>OFFICER / EMPLOYEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent <u>NONE NA</u>	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income <u>NA NONE</u> 7 b Amount <u>NONE -0-</u>

Signature _____

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

Fred Wolfmeyer

On

8/15/05

Date

Telephone Number

APWU UNDN

Name of Person Filing

OFFICER

FRED WOLFMAYER

File Number U

072-025

3 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

3 Name and address of Business (including trade name if any)

Name APWU BLDG CORP

Trade Name if any

P O Box APWUStreet 1717 So BroadwayCity St Louis, MO 63104

State

ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name NA

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

IN CAPACITY OF
OPERATING BLDG FOR
UNION PURPOSES

11 b Approximate dollar value of such dealing

0-0-

12 a Nature of interest held or income received

NONE -0-

12 b Amount

NONE-0-

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

NANONE13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

-0- NONE -0-